

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # <u>10/521202</u>																											
3 Please refund the following fee(s):		4 PAPER NUMBER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">5 DATE FILED</td> <td style="width:25%;">6 AMOUNT</td> </tr> <tr> <td>Filing</td> <td>\$ 500</td> </tr> <tr> <td>Amendment</td> <td>\$</td> </tr> <tr> <td>Extension of Time</td> <td>\$</td> </tr> <tr> <td>Notice of Appeal/Appeal</td> <td>\$</td> </tr> <tr> <td>Petition</td> <td>\$</td> </tr> <tr> <td>Issue</td> <td>\$</td> </tr> <tr> <td>Cert of Correction/Terminal Disc.</td> <td>\$</td> </tr> <tr> <td>Maintenance</td> <td>\$</td> </tr> <tr> <td>Assignment</td> <td>\$</td> </tr> <tr> <td>Other</td> <td>\$</td> </tr> <tr> <td colspan="2">7 TOTAL AMOUNT OF REFUND</td> </tr> <tr> <td colspan="2">\$</td> </tr> </table>	5 DATE FILED	6 AMOUNT	Filing	\$ 500	Amendment	\$	Extension of Time	\$	Notice of Appeal/Appeal	\$	Petition	\$	Issue	\$	Cert of Correction/Terminal Disc.	\$	Maintenance	\$	Assignment	\$	Other	\$	7 TOTAL AMOUNT OF REFUND		\$	
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10 REASON: <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation): <u>Charged 400 - 1642</u>		8 TO BE REFUNDED BY:																											
		Treasury Check																											
		Credit Deposit A/C #: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 2 -- 0 0 8 0 </div>																											
11 REFUND REQUESTED BY: _____ TYPED/PRINTED NAME: _____ TITLE: _____ SIGNATURE: <u>P. K. ...</u> PHONE: _____ OFFICE: _____ ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____																													

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: